



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for Burriss				
Full Name of Contributor The Matriots PAC			Registration Number, if PAC OH1761	
Street Address 2470 E Main St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/30/2019	Amount 250.00
Full Name of Contributor Michael Liggett			Registration Number, if PAC	
Street Address 730 Civitas Ave, #303		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/01/2019	Amount 25.00
Full Name of Contributor John Kulewicz			Registration Number, if PAC	
Street Address 2104 Yorkshire Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/01/2019	Amount 250.00
Full Name of Contributor Greg Comfort			Registration Number, if PAC	
Street Address 3390 London Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 10/01/2019	Amount 50.00
Full Name of Contributor Robert W. James			Registration Number, if PAC	
Street Address 1826 Glenn Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Upper Arlington	State OH	Zip Code 42312	Date (MM/DD/YYYY) 10/02/2019	Amount 50.00

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]